

**Fee Due for Each** 

Dentist

Hygienist/Assistant

## Check One

Dentist (1201)\_\_\_ Dental Hygienist (1202)\_\_\_ Dental Assistant (1222)\_\_

## STATE OF TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH LICENSURE AND REGULATION OFFICE OF HEALTH RELATED BOARDS 665 MAINSTREAM DRIVE NASHVILLE, TENNESSEE 37243

## TENNESSEE BOARD OF DENTISTRY (615) 532-3202 or 1-800-778-4123 ext. 5325073 http://health.state.tn.us/Boards/Dentistry

## **Application for Duplicate License**

**Duplicate License Requesting** 

	Renewal Certificate (5x7) with Wallet Card Wall License			\$30.00	\$20.00
				\$30.00	\$20.00
т					
I	(First)	(Middle)	(Maiden)	den) (Last)	
of					
(Street Address)			(City, State, Zip)		
the lawfu	ıl possessor of t	he renewal certificate	to practice		
(Proj					on)
in the Sta	ate of Tennesse	e do hereby request a	replacement of sa	id license. The	e license was:
Lo	ost	Stolen D	estroyed	Other:	
					(List Reason)
I attended: and I graduate					
	(E	Educational Institute)			(Year)
and my I	License Number	is:	which was issu	ied on	
•					onth/Day/Year)
My Socia	al Security Nun	nber is:			
					A 44 m = 1, m
					Attach a
Sig	nature of Licen	see			Current
The ners	on whose signa	ture appears above ha	s nersonally anne	ared before	Photograph
		n, states that the state			here
		day of			
	_				
G.					CEAL
<b>S</b> 1g	nature of Notar	У			SEAL

PH3872 Rev. 10/06

My Commission Expires: \_